



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON FORT A.P. HILL
18436 4TH STREET
FORT A.P. HILL, VIRGINIA 22427-3114

REPLY TO
ATTENTION OF

IMPH-FM

1 January 2014

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy Letter #20 - Civilian Wellness and Civilian Fitness Program

1. Applicability. This policy applies to all full-time civilian personnel assigned to USAG Fort A.P. Hill except employees already engaged in a formal physical exercise program as a requirement of their occupation (i.e. firefighter, etc). This policy does not apply to contractors.
2. Proponent. Directorate of Family and Morale, Welfare, and Recreation (DFMWR).
3. References.
 - a. AR 600-63, Army Health Promotion, RAR, 7 September 2010.
 - b. Wellness Program Coordinator: Vance Penn, M.Ed., ATC – vance.v.penn.civ@mail.mil G1, HQ IMCOM.
 - c. OPORD 12-238; IMCOM Civilian Wellness and Civilian Fitness Program, August 2012.
4. Policy. Army Civilian employees are encouraged to engage in a regular program of exercise and in other positive health habits. As such, the Garrison Commander authorizes up to three (3) hours of administrative leave per week for a period of six-months in order to allow employees to participate in command-sponsored physical exercise training and education programs. At this time, these excused absences and this program is limited to only one time in a career and does not apply to other types of training or professional development. This program and the authorized times for command-sponsored physical exercise training and education programs may be adjusted or curtailed based on the mission and need of Fort A.P. Hill. The Fort A.P. Hill Directorate of Family, Morale, Welfare, and Recreation (DFMWR) will manage and emplace internal controls for this program.

a. Participation requires both the Employee and their supervisor to enter a written agreement, which requires the participant to complete the HQ IMCOM Civilian Fitness Program Enrollment Packet. It includes the HQ IMCOM Civilian Wellness Contract, Physical Fitness Program Release/Waiver of Liability, Required Assessment Data, Personal Readiness Assessment and, if needed, a Medical Approval by Health Care Provider (encl 1).

(1) Upon supervisor approval, four (4) copies of the Civilian Wellness and Civilian Fitness Program will be made and distributed to (1 – Employee; 1 – Supervisor and 1 – DFMWR Fitness Manager and 1- Installation Wellness Program Coordinator POC).

b. Participating employees will document program time in the Automated Time Attendance and Production System (ATAAPS), using code LN for paid administrative leave (or equivalent time code using applicable non-ATAAPS time and attendance procedures). NAF employees will use the Time and Labor Management System (TLMS).

c. A medical clearance is not required unless an individual answers "yes" to any of the self-assessment questions located in the Civilian Wellness and Civilian Fitness Program Enrollment Packet.

d. Participants may be removed from the program prior to the end of their enrollment period for engaging in misconduct during these periods, failure to use exercise time appropriately, and failure to adhere to proper procedures and safety practices. Participants will sign into fitness facilities or Outdoor Recreation to verify and maintain a record of attendance prior to conducting authorized fitness activities on days they participate in this program.

e. Participants may take one-hour of administrative leave three times per week to participate in approved activities on Fort A.P. Hill. These one-hour increments may be taken at the end of the duty day, at the beginning of the duty day, or added to the approved 30-minute lunch period to enable a 90-minute, mid-day workout block. Employees may not adjust lunch periods to take 90-minutes at the beginning or end of the duty day.

f. A list of authorized activities are as follows:

(1) Walking (Beaverdam track/nature trails or FAPH FMWR Fun Run/Walk);

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(2) Jogging (Beaverdam track/nature trails FAPH FMWR Fun Run/Walk or a FAPH Run Group), running on all roadways with proper safety apparel;

(3) DFMWR cardio equipment (CAC or Wilcox Gym);

(4) DFMWR weight lifting equipment (CAC or Wilcox Gym);

(5) DFMWR open gym (basketball, racquetball, or volleyball);

(6) CAC Fitness Classes to include Zumba, aerobics, and Spinning classes;

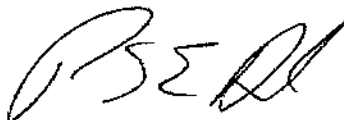
(7) CAC Fitness video's available to use;

(8) Intramural and/or pick-up sports such as basketball, volleyball, soccer, flag football, and softball;

(9) Outdoor recreation such as mountain biking, canoeing, kayaking.

5. Injury Prevention. Accidental and overuse injuries to the musculoskeletal system are the single leading cause of lost workdays and physical profiles in the Army and as such, have a significant impact on the readiness of Fort A.P. Hill employees. All participants in this program will practice personal risk management and mitigation to reduce the occurrence of preventable injuries. Safety practices that will be followed include (but are not limited to) proper warm-up and cool-down exercises and using equipment in a manner consistent with posted instructions or DFMWR policies. Participants in this program who do not adhere to proper procedures or engage in unsafe practices will be removed from the program.

6. Point of Contact and manager of this program is the FAPH Fitness Manager located at the Main Post Gym and can be contacted at 804-633-8201.



PETER E. DARGLE
LTC, AR
Commanding

Encl

Civilian Wellness and Civilian

Fitness Enrollment Packet



Civilian Wellness and Civilian Fitness Program

(AR 600-63 Health Promotion)

Enrollment Packet

Wellness Program Coordinator:

Vance Penn, M.Ed., ATC - vance.v.penn.civ@mail.mil

G1, HQ IMCOM

HQ IMCOM CIVILIAN FITNESS PROGRAM

ENROLLMENT PACKET

Welcome to the HQ, IMCOM Civilian Wellness Program! We appreciate your interest and hope to make the process of enrolling in the program as simple as possible. Please take a few minutes to acquaint yourself with the Enrollment Packet.

The Enrollment Packet is designed to complete all the steps necessary to enroll DA Civilians in the Civilian Wellness Program. It is important to note that you will not be enrolled in the program unless all paperwork is complete, you have received medical approval to start the program (if necessary) and you have provided the Wellness Office with the required data. When you are approved for the program you will receive an Enrollment Approval form.

Congratulations on taking the first step to getting fit and staying fit!

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If you have any questions regarding the Civilian Fitness Program process please contact the IMCOM Wellness Coordinator listed above.

HQ IMCOM Civilian Wellness Contract

I, _____ (please print) hereby commit to 1 hour, 3x per week, for 6 months, of wellness. I will be focused on challenging my abilities in the pursuit of improved physical, mental, social, family and spiritual performance.

I realize this contract is made with the agreement of my supervisor and may be interrupted for immediate work requirements.

This contract is for special enrollment in a limited implementation Civilian Wellness program that is available specifically to the IMCOM Civilian employees. I understand that if I am on leave status, sick leave, or TDY during the 6 month period I cannot reschedule the missed event and will not be able to extend my enrollment. I am aware that I MUST utilize the ATAAPS code provided to me for accountability purposes.

The below named individual has volunteered to participate in a 6 Month, 3 hour per week wellness program under the guidance of the HQ IMCOM Wellness Program Office. The program may consist of exercise, walking groups, strengthening exercises, limited weight training exercises, other activities designed to improve individual wellness levels, as well as individually directed fitness activities. In order to participate, a supervisor's signature is required.

Participant Name (Please Print): _____

Participants Signature: _____ Date: _____

I agree to and approve the participation in a scheduled fitness program.

Supervisor's Signature: _____ Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Time					

Physical Fitness Program Release/ Waiver of Liability

I know that participating in a physical fitness program can be a potentially hazardous activity. I will not enter this program unless I am medically fit. I assume all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, infectious diseases, and equipment conditions.

In consideration of the opportunity to participate in the physical fitness program, I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED IN SAID PHYSICAL FITNESS PROGRAM. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the Physical Fitness Program [release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.]

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding document which I have read and understand.

Print Name: _____

Signature: _____

Date: _____

Required Assessment Data

Participants Name:

Height: FT _____ ' IN _____ "

Weight: _____ LBS

Blood Pressure _____ / _____

Resting Heart Rate _____ BPM

Smoker YES / NO

Phone: _____

Email: _____

Activity Level: *(Check one below)*

Active: _____ Sedentary: _____

Personal Readiness Assessment

Below are items that you should consider **BEFORE** beginning an exercise program.

Your physical activity readiness is a first step when planning to increase physical activity levels in your life and is for your personal use only.

Although these serve as a basic guideline, should you have any questions you should consult a physician **BEFORE** beginning an exercise program:

Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
When you do physical activity, do you feel pain in your chest?
When you were not doing physical activity, have you had chest pain in the past month?
Do you ever lose consciousness or do you lose your balance because of dizziness?
Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Is a physician currently prescribing medications for your blood pressure or heart condition?
Are you pregnant?
Do you have insulin dependent diabetes?
Are you 69 years of age or older?
Do you know of any other reason you should not exercise or increase your physical activity?

If you answered 'YES' to any of the above questions, talk with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

If you honestly answered 'NO' to all questions, you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health should change so that you can then answer 'YES' to any of the above questions, seek guidance from a physician immediately.

MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient Name (print): _____ Phone: _____

has medical approval to participate in the physical fitness component of the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at **any** time he or she desires. Participants will be authorized to exercise at or near the fitness facility on their installation.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (if none, so state):

Health Care Provider's Signature: _____ Date _____

Provider's Print Name/Stamp: _____

Office telephone number: _____

Email Address: _____

Participant: If you answered "YES" to any of the ten key questions on page 4, this form must be completed by your healthcare provider prior to beginning the program.

PARTICIPANT ENROLLMENT APPROVAL FORM

_____ has applied to participate in the IMCOM Civilian Wellness program for six months. The participant's application has been reviewed and are (only circled letters **apply**):

- A) **Accepted into the Civilian Wellness Program.** All documentation has been received at the Civilian Fitness Assessment and is complete.
- B) Not approved to continue the program until the Civilian Fitness Coordinator receives the **Supervisor's Signature on the Participation Agreement.**
- C) Not approved to continue the program until the Civilian Fitness Coordinator receives the **Health Care Provider's Approval** signed by a Health Care Provider.

The program starts for the participant on an agreed upon date and will end 6 months later. Participants are required to submit a Final Civilian Fitness Questionnaire in order to complete the program and be eligible to receive the Civilian Wellness and Civilian Fitness Program certificate.

Participants will be sent the Final Questionnaire by the IMCOM Civilian Wellness Coordinator upon completion of the 6 month program. **Participants must complete the Final Questionnaire in order to complete the program.**

Program started on: _____ Program will end on: _____

(End Date 6 mo. later)

DATE: _____ SIGNATURE: _____

FAPH Fitness Manager & Wellness Coordinator